



Governor's Crime Commission  
1201 Front Street, Suite 200  
Raleigh, NC 27609  
Phone: (919) 733-4564 Fax: (919) 733-4625

Grant Number: 669

(Official GCC Use Only)

## 2009 Grant Pre-Application

<p>1. Name of Project: <b>SAT Tyrrell PWF (ARRA Funded)</b></p>	<p>2. Committee Assignment:          Crime Victims' Services ( ) Juvenile Justice Planning ( )          Criminal Justice Improvement (X) Gang Violence Prevention ( )       </p>																											
<p>3. Applicant Agency: (name, address, phone, fax)          Department of Correction          214 W. Jones Street          4201 Mail Service Center          Raleigh, NC 27699-4201          Phone: (919) 733-4926          Wake County          Federal Tax ID: 56-6017634          Fiscal Year End Date: June 30          State Agency?: Yes       </p>	<p>4. Program Priority:          A      B      <b>C</b>      D      E      F       </p> <p>5. Project Starting and Ending Dates:          07/01/2009 - 06/30/2011       </p>																											
<p>6. Authorizing Official: (name and title)          Alvin Keller, Jr.          Secretary       </p>	<p>7. Type of Action:(select one)          [X] First Application          [ ] Continuation of Grant / 2nd Year Grant       </p>																											
<p>8. Financial Officer: (name, title, telephone)          Byron Harris          Controller          (919) 716-3300       </p>	<p>9. U.S. Congressional District(s): All          N.C. Legislative District(s):          House: 120          Senate: 50          Population of Project Area: 8,049,000       </p>																											
<p>10. Implementing Agency: (name, address, telephone, fax)          North Carolina Department of Correction          214 West Jones Street          4201 Mail Service center          Raleigh, NC 27699-4201          Phone: (919) 716-3000 Fax: (919) 716-3794       </p>	<p>11. Project Director: (name, title, telephone, e-mail)          Mike Evers          Assistant to the Secretary          (919) 716-3000          emb02@doc.state.nc.us       </p>																											
<p>12. Implementing Agency Profile:          a. Non-profit, nongovernmental agencies, please attach a copy of your current year's line item operating budget and describe the sources of those funds.          b. Attach a copy of what other funding sources and amounts, if any, have been committed for this project or have been applied for or are anticipated for the project.          c. Number of Sworn Officers: <u>11250</u> </p>	<p>14. Requested Budget Totals:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">1st Year</th> <th style="text-align: right;">2nd Year</th> </tr> </thead> <tbody> <tr> <td>Personnel:</td> <td style="text-align: right;">\$193,889.80</td> <td style="text-align: right;">\$193,889.80</td> </tr> <tr> <td>Contractual:</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Travel:</td> <td style="text-align: right;">\$17,500.00</td> <td style="text-align: right;">\$4,500.00</td> </tr> <tr> <td>Supplies:</td> <td style="text-align: right;">\$8,125.00</td> <td style="text-align: right;">\$8,125.00</td> </tr> <tr> <td>Equipment:</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td><b>Total Budget:</b></td> <td style="text-align: right;"><b>\$219,514.80</b></td> <td style="text-align: right;"><b>\$206,514.80</b></td> </tr> <tr> <td>Subtract Match:</td> <td style="text-align: right;">-\$0.00</td> <td style="text-align: right;">-\$0.00</td> </tr> <tr> <td><b>Federal Request:</b></td> <td style="text-align: right;"><b>\$219,514.80</b></td> <td style="text-align: right;"><b>\$206,514.80</b></td> </tr> </tbody> </table>		1st Year	2nd Year	Personnel:	\$193,889.80	\$193,889.80	Contractual:	\$0.00	\$0.00	Travel:	\$17,500.00	\$4,500.00	Supplies:	\$8,125.00	\$8,125.00	Equipment:	\$0.00	\$0.00	<b>Total Budget:</b>	<b>\$219,514.80</b>	<b>\$206,514.80</b>	Subtract Match:	-\$0.00	-\$0.00	<b>Federal Request:</b>	<b>\$219,514.80</b>	<b>\$206,514.80</b>
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<p>13. Project Summary:          This project will fund and preserve four positions for two years at a fifty-eight bed substance abuse treatment program at Tyrrell Prison Work Farm facility. This program will serve minimum custody adult males through out the state of North Carolina using a therapeutic community treatment model.          Project Counties:          This project will operate in the following counties: the facility is located in Tyrrell county but offenders come from all counties in the state.       </p>																												

## Notification of Application for Grant Funds/Awards, 2008-09

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.  
Instructions at [http://www.osbm.state.nc.us/files/pdf\\_files/grants\\_instr.pdf](http://www.osbm.state.nc.us/files/pdf_files/grants_instr.pdf)

1 Department .....	Department of Correction
2 Division (except in DHHS) .....	Division of Alcohol and Chemical Dependency
3 Contact person (name) .....	Michael B. Evers
4 Phone number .....	919 716-3700
5 E-mail .....	emb02@doc.state.nc.us
6 Funding Entity (grantor) .....	Governor's Crime Commission
7 CFDA number .....	SAT Tyrrell PWF
8 Grant title .....	
9 Grant application deadline (MM/DD/YY) .....	04/09/09
10 Start date of grant (MM/DD/YY) .....	07/01/09
11 End date of grant (MM/DD/YY) .....	08/30/11
12 Application type .....	New
13 Is this grant already in agency's continuation budget? .....	No
14 Budget code the grant will be expended in (XXXX) .....	24500 ✓
15 Fund code (XXXX or NA) .....	2208 ✓
16 Is there a state matching requirement? .....	No
17 If yes, what is the matching requirement? .....	
18 If yes, what is the source of state funds being used to match grant funds. ....	
19 Is there a maintenance of effort (MOE) requirement? .....	No
20 If yes, what is the MOE? .....	
21 Is an additional General Fund appropriation required to meet the state match requirement? .....	No
22 Will any of these funds be passed through to local governments or non-state entities? .....	No
23 If yes, identify affected entities by type .....	
24 Will additional state monies be required to continue the program if grant expires or is reduced? .....	Yes
25 If yes, is this a requirement of the grant? .....	No
26 Are new FTEs funded through the grant? .....	No
27 If yes, give the number by type for each year: Permanent Time-Limited	
28 Amount of grants funds applied for in each year .....	
29 Amount of grants funds awarded in each year .....	
30 Purpose of grant or amendment .....	
31 Comments .....	

SFY 2007-08 Actual	For 2008-09 Complete either Authorized or Proposed		SFY 2009-10 Proposed	SFY 2010-11 Proposed	SFY 2011-12 Proposed
	SFY 2008-09 Authorized	SFY 2008-09 Proposed			
			\$219,514.80	\$206,514.80	
The project will fund and preserve four existing positions for two years at a fifty-eight bed substance abuse treatment program at Tyrrell Prison Work Farm facility. This program will serve minimum custody adult males using a therapeutic community treatment model.					
ARRA stimulus funds require no match. Application was submitted through the Governor's Crime Commission.					

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.

## Problem and Project Operation

### The Problem:

In FY 2007-08, the Department screened over 17,500 adult males offenders. Roughly 59.4% were identified as needing residential treatment and over 61%, 6,483, of those were in need of brief/intermediate treatment. In the upcoming FY 2009-10, minimum custody treatment beds is expected to decrease to 44 beds due to budget reductions. These fifty-eight beds will help maintain treatment opportunities for minimum custody adult males. The program will utilize a Therapeutic Community model which addresses Substance Abuse and Criminal Thinking, as well as cognitive, social, educational, vocational and behavioral needs.

### Project Operation:

This program will preserve four (4) vital positions and continue the Tyrrell treatment program through FY 2009-11. This will allow the current program to continue providing treatment services to minimum custody adult males and at the same time meet ARRA purposes of job retention.

# Project Goals, Objectives, Performance Measures, Evaluation Methods and Activities

<b>Project Goal(s):</b> The long-term goal of this program will be to help offenders understand their chemical addictions and provide them with new skills to help maintain a drug and crime free lifestyle after release from prison.
<b>Project Objective #1:</b> Offenders will complete all phases of the treatment program and demonstrate behavioral changes during their treatment episodes that will support a drug and crime-free lifestyle.
<b>Performance Measure #1:</b> Offenders will complete written workbook assignments and verbalize their understanding of materials by their active participation in individual and group counseling sessions.
<b>Evaluation Method #1:</b> Monthly monitoring and reporting by program supervisor to District Manager. Attention will be placed on retaining offenders so that goals and objectives can be addressed and accomplished during the timeframe of the program.
<b>Project Objective #2:</b> To continue providing services that address the cognitive, social, educational and employment needs evidenced by their participation in the GED classes, Cognitive Behavioral Intervention training, Relapse Prevention training and Job Readiness training.
<b>Performance Measure #2:</b> Offenders will attend and complete programs as needed to support their reintegration to their communities.
<b>Evaluation Method #2:</b> Monthly and Annual reports will identify the offenders participation in supportive programs in conjunction with their treatment program.
<b>Project Objective #3:</b> To refer all offenders exiting the RSAT program to the TASC office in their home communities for case management services to support their recovery lifestyle free of drug and criminal behaviors.
<b>Performance Measure #3:</b> To enter post release community referral plan into the OPUS record of the offender.
<b>Evaluation Method #3:</b> Program staff will follow up with the offender within 90 days after release to document their compliance with the release plan.
<b>Project Objective #4:</b> Establish oversight and review of monitoring and reporting practices for this program.
<b>Performance Measure #4:</b> To work closely with Research and Planning staff to develop effective protocols for the collection and evaluation of program data to understand the strengths and shortcomings of the programs operations.
<b>Evaluation Method #4:</b> Collect monthly treatment reports and review key data with supervisors and Research and Planning for comments on program operations.

**Project Goals, Objectives, Performance Measures, Evaluation Methods  
and Activities (continued)**

Project Objective #5:
Performance Measure #5:
Evaluation Method #5:
Project Objective #6:
Performance Measure #6:
Evaluation Method #6:
Project Objective #7:
Performance Measure #7:
Evaluation Method #7:

# **Project Goals, Objectives, Performance Measures, Evaluation Methods and Activities (continued)**

Project Objective #8:
Performance Measure #8:
Evaluation Method #8:
Project Objective #9:
Performance Measure #9:
Evaluation Method #9:
Project Objective #10:
Performance Measure #10:
Evaluation Method #10:
<b>Project Activities:</b> June 2009 Grant Award received from GCC July 2009 Convert program to RSAT standards

# Detailed Budget

Budget Category (one year only)

## A. PERSONNEL

### 1. Salaries: List each position with yearly rate.

Position Title	Salary Rate	% of Time Devoted
Substance Abuse Prgm Supv	\$43,500.00	100
Substance Abuse Counselor II	\$38,500.00	100
Substance Abuse Counselor II	\$38,500.00	100
Substance Abuse Counselor I	\$33,000.00	100
	\$0.00	0
	\$0.00	0
	\$0.00	0
	\$0.00	0
	\$0.00	0
	\$0.00	0
	\$0.00	0
	\$0.00	0
	\$0.00	0
	\$0.00	0
	\$0.00	0

Volunteers (To include FICA)

(Crime Victims' Services Committee-Only)

Hourly Rate	No. of Hours
\$0.00	0
\$0.00	0

### 2. Overtime: (Average)

	Hourly Rate	No. of Hours
New Employee	\$0.00	0
Current Employee	\$0.00	0

**Salary Subtotal: \$153,500.00**

### 3. Fringe Benefits: Itemize percentages applicable for each benefit for all positions.

Category	Formula	Total
FICA	7.65%	\$11,742.75
Retirement	7.83	\$12,019.05
Hospitalization	4157	\$16,628.00
Other		\$0.00
		\$0.00
		\$0.00
		\$0.00

**Benefits Subtotal: \$40,389.80**

### 4. Volunteers (To exclude FICA)

(Crime Victims' Services Committee-Only)

Hourly Rate	No. of Hours
\$0.00	0

**Volunteers Excluding FICA Subtotal: \$0.00**

**Total Personnel: \$193,889.80**

## Detailed Budget (continued)

### B. CONTRACTUAL SERVICES

**1. Individual Consultants: List by position, rate of pay and time required.**

Position Title	Pay Rate	Time Required (hours)
	\$0.00	0
	\$0.00	0
	\$0.00	0
	\$0.00	0

<b>Individual Consultant Subtotal:</b>	<b>\$0.00</b>
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**2. Agency: List by name of agency, rate of pay and time required.**

Agency	Pay Rate	Time Required (hours)
	\$0.00	0
	\$0.00	0
	\$0.00	0
	\$0.00	0
	\$0.00	0

<b>Consultant Agency Subtotal:</b>	<b>\$0.00</b>
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**Total Contractual Services: \$0.00**

### C. TRAVEL: List cost for transporting clients and costs for travel and subsistence of project personnel.

**In-State Travel Expenses Description:** Leased state vehicle to travel to monthly District Manager meetings and other treatment programs.

**Total In-State Travel Expenses for All Positions \$4,250.00**

**Out of-State Travel Expenses Description:** Substance-Abuse treatment professionals' conferences and training seminars that assist with maintaining certification and/or currency of best practices.

**Total Out of-State Travel Expenses for All Positions \$6,500.00**

**Subsistence for All Travel Description:** Breakfast/Dinners when travel time begins and ends outside of normal working hours.

**Total Subsistence for All Travel \$2,050.00**

**Client Transport Expenses Description:**

**Total Client Transport Expenses \$0.00**

**All Other Travel Expenditures Description:** Air travel to and from out-of-state training, conference/seminar fees, training materials.

**Total for All Other Travel Expenditures \$4,700.00**

**Total Travel: \$17,500.00**



### Detailed Budget (continued)

**Budget Category** (one year only)

## D. SUPPLIES AND OTHER OPERATING EXPENSES

(office supplies, field supplies, printing, computer software, office rent, registration and individual training costs)

Category	Total
General Office Supplies	\$2,000.00
Educational Materials	\$5,000.00
Maintenance Agreement-Equip	\$975.00
Postage, Printing, Duplicating	\$150.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
<b>Total Operating Expenses:</b>	<b>\$8,125.00</b>

### E. EQUIPMENT

### 1. Purchase

[illegible]

Purchased Equipment Subtotal:	\$0.00
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## 2. Lease or Rental

Item Description	Unit Price	Quantity
	\$0.00	0
	\$0.00	0
	\$0.00	0

Leased Equipment Subtotal: \$0.00

Total Equipment:	\$0.00
<b>TOTAL PROJECT COST:</b>	<b>\$219,514.80</b>

# Budget Summary

## I. Description of Match:

Matching funds may include local, state or private funds, but not other federal funds.

### A. Juvenile Justice Planning, Criminal Justice Improvement

#### 1. 25% cash match only required

Describe amount and source of cash match:

There is no cash match with ARRA funds.

#### 2. For those Sheriff's Offices applying for program Priority E, under Criminal Justice Improvement, 50% match is required, one-half of which may be in-kind contributions.

Describe amount and source of match:

### B. Crime Victims' Services

#### 1. 25% cash match or in-kind match required for those applying for program priority C

Describe amount and source of cash or in-kind match:

#### 2. 20% cash match or in-kind match is required for those applying for program priorities A,B,D & E

Describe amount and source of cash or in-kind match:

### C. Gang Violence Prevention

#### 1. 25% match is required, one-half of which may be in-kind contributions.

Describe amount and source of cash and/or in-kind match:

### D. Request For Match Waiver



A limited number of match waivers will be granted to applicants applying to the Juvenile Justice Planning Committee. The awarding of waivers will be based on the availability of funds and the Commission's overall rating of the grant proposal. Because "match free" funds are limited and very competitive, applying for a waiver may reduce the likelihood of funding. A signature is required on page 13 when requesting a match waiver.

II. Budget Categories:	First Year	Anticipated Second Year
A. Personnel:	\$193,889.80	\$193,889.80
B. Contractual Service:	\$0.00	\$0.00
C. Travel:	\$17,500.00	\$4,500.00
D. Supplies/Operating Expenses:	\$8,125.00	\$8,125.00
E. Equipment:	\$0.00	\$0.00
F. Total Budget:	\$219,514.80	\$206,514.80
G. Subtract Matching Funds:	-\$0.00	-\$0.00
H. TOTAL FEDERAL REQUEST:	\$219,514.80	\$206,514.80

## III. Projected Assumption of Project Costs:

The project director MUST state plans for the assumption of project cost after federal funds are no longer available to the project and describe how the project will continue to address the problem after the grant ends.

The plan is to request that this program be converted to state funding as of 06/30/2011 with Legislative approval. At that time, the program will provide the same services as described in this application.

# Certifications

## A. Certification of Non-Supplanting:

- ☒ The applicant hereby certifies that federal funds will not be used to supplant or replace funds or other resources that would otherwise have been made available for Juvenile Justice, Justice Assistance Grants, Victims of Crime Act, Violence Against Women Act, or Children's Justice projects.

## B. Certification of Filing an Equal Employment Opportunity Program:

- ☐ The project director certifies that the applicant/grantee has formulated an Equal Opportunity Program, which is dated \_\_\_\_\_ in accordance with the Amended Equal Employment Opportunity Guidelines 28 C.F.R.42.301, et seq., Subpart E, and that it is on file in the office of:

(Office)

(Name)

(Title)

(Address)

(Telephone)

for review and audit by officials of the Department of Crime Control and Public Safety or the Office of Justice Programs as required by relevant law and regulations.

- ☒ The project director certifies that the Amended Equal Employment Guidelines have been read (28 C.F.R.42.301, et seq., Subpart E.) and that no Equal Employment Opportunity Program is required to be filed by the implementing agency.

## C. Certification of Submission of Annual Audit:

- ☒ The project director certifies that a copy of the annual audit (required) will be submitted to the Office of State Auditor and the Department of Crime Control and Public Safety.

## D. Certification of Submission of Project Reports:

- ☒ The project director certifies that a completed progress report (provided in the GCC Grant Award Package) will be submitted at the end of the 12 and 24 months, or more often if requested. If required, the project director certifies that quarterly reports will be submitted.

## Certifications (continued)

### E. Certification that Applicant is Eligible to Receive Federal Funds:

- ☒ The project director certifies that neither grant applicant nor any of its officers, directors or consultants are presently debarred, proposed for debarment, suspended, declared ineligible or voluntarily excluded from receiving federal funds. [If the director cannot make this certification, an explanation must be attached. If this certification cannot be provided, the applicant will not necessarily be denied participation in this program. The certification or explanation will be considered in connection with the determination by the Governor's Crime Commission as to whether or not to approve the application. However, if neither the certification nor an explanation is provided, the application will be rejected.]

### F. Certification Regarding Lobbying: (for agencies receiving \$100,000 or more)

- ☒ The project director certifies that (1) no Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any Federal agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any agreement; (2) If any non-Federal funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any Federal agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal grant, the project director shall initial here \_\_\_\_\_ and complete and submit Standard Form #LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

### G. Drug Free Workplace Compliance: (for state agencies only)

- ☒ I (project director) certify that (1) a drug-free workplace awareness program was held on 01/01/2009 and/or will be held annually on 01/01 which all grant project employees are required to attend;(2) a copy of the agenda of that program, including an attendance sheet signed by all employees, will be provided to the Governor's Crime Commission;(3) a statement will be published notifying employees that any unlawful involvement with a controlled substance is prohibited in the grantees workplace and that specific actions will be taken against employees who violate this rule;(4) all employees will receive a copy of this notice;(5) all employees must agree to abide by the statement and to notify the applicant of any criminal drug statute conviction for a violation occurring in the workplace within 5 days of the conviction;(6) within 10 days of receiving such notice, the applicant will inform the Governor's Crime Commission of an employee's conviction;(7) any employee so convicted will be disciplined or required to complete a drug abuse treatment program; and (8) the applicant will make a good faith effort to maintain a drug-free workplace, in accordance with the requirements of Title V, Secs. 5153 and 5154 of the Anti-Drug Abuse Act of 1988.

## ***Available Technical Assistance***

**If you need assistance in completion of the grant pre-application, please contact the appropriate program area planner at the Governor's Crime Commission by calling (919) 733-4564**

### **Program Area Planners**

Juvenile Justice Planning Committee:	Kimberly Wilson	Paul LaChance	Brandy Dolby
Crime Victims' Services Committee:	Misty Arnold	Frances Battle	Maria Fryer
Criminal Justice Improvement Committee:	Craig Turner	Wesley Clark	Navin Puri

## CERTIFICATIONS: PROJECT DIRECTOR

Pre Application Number 669

Project Director\*



I certify that I agree to comply with the general and fiscal terms and conditions of this application including special conditions; to comply with the provisions of the Act governing these funds and all other federal laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the Applicant to perform the tasks of Project Director as they relate to the terms and conditions of this grant application; that costs incurred prior to grant approval may result in the expenses being absorbed by the implementing agency; that the receipt of grantor funds through the Governor's Crime Commission will not supplant state or local funds; and, that I understand that federal funds are limited to a maximum of twenty-four months.

Name: Mike Evers

Title: Assistant to the Secretary

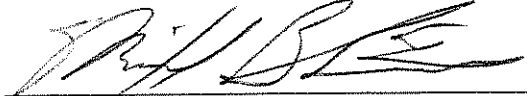
Agency: North Carolina Department of  
Correction

Address: 214 West Jones Street

Phone: (919) 716-3000

4201 Mail Service center

Raleigh, NC 27699-4201

Signature: 

Bonded: ☐ Yes ☐ No

\*NOTE: The Project Director, Financial Officer, and Authorizing Official CAN NOT be the same person. Staff funded under this grant may not be any of the authorizing officials without direct Crime Commission approval.

**THIS APPLICATION IS NOT COMPLETE WITHOUT THE ABOVE SIGNATURE.**

## CERTIFICATIONS: FINANCIAL OFFICER

Pre Application Number 669

Financial Officer\*



I certify that I agree to comply with the general and fiscal terms and conditions of this application including special conditions; to comply with the provisions of the Act governing these funds and all other federal laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the Applicant to perform the tasks of Financial Officer as they relate to the terms and conditions of this grant application; that costs incurred prior to grant approval may result in the expenses being absorbed by the implementing agency; that the receipt of grantor funds through the Governor's Crime Commission will not supplant state or local funds; and, that I understand that federal funds are limited to a maximum of twenty-four months.

Name: Byron Harris

Title: Controller

Agency: Department of Correction

Address: 214 W. Jones Street

Phone: (919) 716-3300

4201 Mail Service Center

Raleigh, NC 27699-4201

Signature: *Byron K. Harris*

Bonded: ☒ Yes ☐ No

\*NOTE: The Project Director, Financial Officer, and Authorizing Official CAN NOT be the same person. Staff funded under this grant may not be any of the authorizing officials without direct Crime Commission approval.

**THIS APPLICATION IS NOT COMPLETE WITHOUT THE ABOVE SIGNATURE.**

# CERTIFICATIONS: AUTHORIZING OFFICIAL

Pre Application Number 669

Authorizing Official\*



I certify that I agree to comply with the general and fiscal terms and conditions of this application including special conditions; to comply with the provisions of the Act governing these funds and all other federal laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the Applicant to perform the tasks of Authorizing Official as they relate to the terms and conditions of this grant application; that costs incurred prior to grant approval may result in the expenses being absorbed by the implementing agency; that the receipt of grantor funds through the Governor's Crime Commission will not supplant state or local funds; and, that I understand that federal funds are limited to a maximum of twenty-four months.

The Anti-Drug Abuse Act of 1988 requires that subgrantees provide assurance that subgrant funds will not be used to supplant or replace local or state funds or other resources that would otherwise have been available for law enforcement and/or criminal justice activities. In compliance with that mandate, I certify that the receipt of federal funds through the Crime Commission shall in no way supplant or replace state or local funds or other resources that would have been made available for law enforcement and/or criminal justice activities.

Name: Alvin Keller, Jr.

Title: Secretary

Agency: Department of Correction

Address: 214 W. Jones Street

Phone: (919) 733-4926

4201 Mail Service Center

Raleigh, NC 27699-4201

Signature: Alvin W. Keller, Jr.

Bonded: ☐ Yes ☐ No

\*NOTE: The Project Director, Financial Officer, and Authorizing Official CAN NOT be the same person. Staff funded under this grant may not be any of the authorizing officials without direct Crime Commission approval.

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## REQUEST FOR MATCH WAIVER

(Refer to limitations noted on budget summary page)

As the Authorizing Official for this grant pre-application, I am requesting that the Governor's Crime Commission grant this implementing agency a waiver of its match requirement.

Signature: Byron K. Harris

Authorizing Official

## RECEIPT

### !!! IMPORTANT !!!

Governor's Crime Commission Grant Pre-Application Number: 669

**Save this receipt as proof of submission of your online grant application. This is the only documentation that you will receive.**

After printing the signature pages, have them signed and mail them, along with any required supporting documentation, to be received no later than January 31, 2009. (Support documentation includes your current year's operating budget and sources of those funds if you are a nonprofit agency. Attach a copy of what other funding sources and amounts, if any, have been committed for this project or have been applied for or are anticipated for the project.)

**YOUR APPLICATION IS NOT COMPLETE UNTIL WE HAVE RECEIVED THE SIGNED SIGNATURE PAGES AND SUPPORTING DOCUMENTATION**

#### MAILING INFORMATION

Mail the signature pages and supporting documentation to:

ATTN: WES WALTERS  
GRANTS MANAGEMENT DIRECTOR  
GOVERNOR'S CRIME COMMISSION  
1201 FRONT STREET; STE 200  
RALEIGH NC 27609

**Mail letters of collaboration** directly to the appropriate Lead Planner for the Committee to which you are applying at the same address as above:

Criminal Justice Improvement  
Juvenile Justice Planning  
Crime Victims' Services

Craig Turner, Lead Planner  
Kim Wilson, Lead Planner  
Barry Bryant, Lead Planner

#### REVISIONS

To make any revisions to your submitted application, **you must have your grant pre-application number and your Federal Tax ID Number** to access the application online. Simply choose "REVISE APPLICATION" rather than "NEW APPLICATION" and enter these two numbers. Proceed with making changes, saving each page, and submit revisions.

